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CONFIRMATION NO. 5370

<b>SERIAL NUMBER</b> 10/627,439	<b>FILING OR 371(c) DATE</b> 07/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 017380-000313US
<b>APPLICANTS</b> Kenneth T. Richardson, Anchorage, AK; Don C. Pearson, Lakewood, WA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/209,432 07/30/2002 PAT 6,632,445 which is a DIV of 09/828,323 04/05/2001 PAT 6,455,061 which is a DIV of 09/396,019 09/15/1999 PAT 6,231,889 which claims benefit of 60/101,308 09/21/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/21/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> AK	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23
Verified and Acknowledged Examiner's Signature <i>CA</i> Initials		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 20350				
<b>TITLE</b> UNIT DOSAGE FORMS FOR THE TREATMENT OF HERPES SIMPLEX				
<b>FILING FEE RECEIVED</b> 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	